



Motorcycle Rider Course: Riding & Street Skills Course Registration

Name <i>(last, first, middle)</i>										
Street address										
City	State	Zip								
Home telephone number ()	Work telephone number ()									
Driver's license number	Birthdate									
Please register me for <i>(check where applicable)</i> <input type="checkbox"/> MRC <input type="checkbox"/> ERC <input type="checkbox"/> Trailer <input type="checkbox"/> Sidecar <input type="checkbox"/> Inspection & care		Start date								
Class number	Training site									
I heard about this course from <i>(check where applicable)</i> <table border="0"><tr><td><input type="checkbox"/> Dept. of Licensing</td><td><input type="checkbox"/> Dealer</td></tr><tr><td><input type="checkbox"/> Insurance agent</td><td><input type="checkbox"/> Friend</td></tr><tr><td><input type="checkbox"/> Radio</td><td><input type="checkbox"/> TV</td></tr><tr><td><input type="checkbox"/> Motorcycle Club</td><td><input type="checkbox"/> Other _____</td></tr></table>			<input type="checkbox"/> Dept. of Licensing	<input type="checkbox"/> Dealer	<input type="checkbox"/> Insurance agent	<input type="checkbox"/> Friend	<input type="checkbox"/> Radio	<input type="checkbox"/> TV	<input type="checkbox"/> Motorcycle Club	<input type="checkbox"/> Other _____
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